



# MORGAN HILL SPLASH AQUATICS

## REGISTRATION FORM

Last Name, First Name		Birthdate	Sex	Monthly Fee
PARENT 1				
PARENT 2				
SWIMMER # 1				
SWIMMER # 2				
SWIMMER # 3				
SWIMMER # 4				
TOTAL:				

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent 1's Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2's Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**If parents cannot be reached in case of illness or injury:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Medical Insurance:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

(please be specific) \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**PICK UP AUTHORIZATION**

How should your child's program departure be handled at the end of the day?

- ☐ My child is to be picked up ONLY by a parent
- ☐ My child can be picked up by authorized persons listed below

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options

### Monthly Payment by Checking Account Automatic Withdrawal (CRC Members)

#### Initial Fees

First Month's payment:	\$75	X	# of swimmers	_____	=	_____
Prorate Fee:	\$	X	# of swimmers	_____	=	_____
						<b>Total:</b> _____

#### Recurring Monthly Payment

Participant Fee:	\$	X	# of swimmers	_____	=	_____
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Monthly Fee

Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

First Draft Date: \_\_\_\_\_ (to be billed monthly following first draft date)

I authorize the City of Morgan Hill to deduct a monthly charge from my financial institution in the amount listed above. I agree to give 15 working days notice prior to my draft date, in writing, to cancel or make any changes to my credit card/ bank draft. I understand that if my bank draft is rejected, a \$21.00 service charge will be applied to my account. I also understand that if I do not cancel my membership within the 15 working days prior to my draft, my account will be drafted for the full amount and there will be no refund.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annual Payment (CRC Members Only)

#### Initial Fees

First Year's payment:	\$900	X	# of swimmers	_____	=	_____
Prorate Fee:	\$	X	# of swimmers	_____	=	_____
						<b>Total:</b> _____

### Summer ONLY Registration

Participant Fee:	\$340	X	# of swimmers	_____	=	_____
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### Payment Information

☐

Cash

☐

Check # \_\_\_\_\_

☐



☐



Account # \_\_\_\_\_

Exp (MO/YR) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cancellation Policy

A fifteen (15) working day written notice is required prior to your draft date to stop the next bank draft. Any refund due to annual paying members will be made on a prorated basis. Refund checks will be mailed or the original credit card will be credited.

\_\_\_\_\_ I have read and understand the terms of the cancellation policy.